

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000001394

**Entity Name:** ARBOR PLACE CONDOMINIUM PHASE I ASSOCIATION, INC.

**FILED**  
**Mar 21, 2017**  
**Secretary of State**  
**CC8110608009**

**Current Principal Place of Business:**

200 WILLARD STREET  
2B  
COCOA, FL 32922

**Current Mailing Address:**

P.O. BOX 560870  
ROCKLEDGE, FL 32056 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SELIG, W. MICHAEL  
200 WILLARD STREET  
2B  
COCOA, FL 32922 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** W. MICHAEL SELIG

03/21/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HADDOW, JOSEPH W  
Address        1085 ADAMSON ROAD  
City-State-Zip: COCOA FL 32926

Title            VP  
Name            DONOGHUE, ELIZABETH B  
Address        P.O. BOX 561627  
City-State-Zip: ROCKLEDGE FL 32956

Title            SECRETARY, TREASURER  
Name            TORRES, CARLOS M  
Address        1007 PATHFINDER WAY  
                 SUITE 130  
City-State-Zip: ROCKLEDGE FL 32955

Title            DIRECTOR  
Name            2-1-1 BREVARD, INC.  
Address        P.O. BOX 561627  
City-State-Zip: ROCKLEDGE FL 32956-1627

Title            DIRECTOR  
Name            CT PEDIATRICS PA  
Address        1007 PATHFINDER WAY  
                 SUITE 130  
City-State-Zip: ROCKLEDGE FL 32955

Title            DIRECTOR  
Name            MURRELL DEVELOPMENT GROUP,  
                 INC.  
Address        P.O. BOX 560870  
City-State-Zip: ROCKLEDGE FL 32956

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** W. MICHAEL SELIG

03/21/2017

Electronic Signature of Signing Officer/Director Detail

Date